

My bill would promote greater fairness and equity in franchise relationships by establishing minimal standards of conduct for franchise practices, by prohibiting the most abusive acts by franchisors, by clarifying the legal rights of franchise owners, and by nullifying procedural devices intended to block available legal remedies.

In addition, the bill incorporates basic prohibitions against fraud, misrepresentation and discrimination elsewhere in Federal law and applies them to franchise sales and business practices. It protects the right of franchisees to organize franchisee trade associations and to engage in collective legal action to protect their financial interests. And it provides a private right of actions for violations of Federal franchise disclosure requirements—something the FTC has requested for 18 years.

Mr. Speaker, franchising has undergone tremendous growth in the past two decades and now dominates our nation's retail and services sectors. But Federal law and regulation have failed to keep pace. Federal guidelines intended to protect the public from false or misleading franchise promotions are sadly out of date and only marginally enforced. Legal rights and standards taken for granted in other business relationships continue to be debated and denied in franchising arrangements.

It is time Congress acted to provide basic protections in Federal law to discourage fraudulent and abusive franchising practices and to help strengthen the American dream of small business ownership. I believe the proposals I am introducing could constitute landmark legislation. In much the same way that the Wagner Act helped revolutionize labor-management relations in the industrial economy of the 1930's this legislation can help restore fairness and balance in the growing franchising sector of the services-based economy of the 1990's.

I recommend this legislation to the consideration of my colleagues and I urge its adoption by the Congress.

TRIBUTE TO BILL AND DALE  
BELCHER

**HON. ELTON GALLEGLY**

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

*Saturday, November 8, 1997*

Mr. GALLEGLY. Mr. Speaker, I would like to recognize Bill and Dale Belcher on being chosen as Golden Condor Award winners for their many years of outstanding service to their community and Scouting.

Their work with the Scouts has spanned decades and has had a tremendous impact on the many young people they have worked with over the years. Their sense of community extends far beyond the boundaries of Scouting. For some, that would be enough public service, but not for Bill and Dale. Each of them has dedicated their life to a variety of service organizations. Both Bill and Dale have been very involved in their church and served as executives with United Way.

Dale is active with Soroptimist International, Oxnard Women's Club, and a host of other organizations. Bill is a 20-year veteran of the U.S. Navy, and a longtime member of the Rotary Club, just to name a few.

Mr. Speaker, Bill and Dale Belcher stand as shining examples of the difference two people

can make in the lives of many. I would like to extend my sincere congratulations to Dale and Bill on having been chosen as Golden Condor Award winners and thank them for their work in our community.

ROUGH DRAFT OF LEGISLATION  
TO IMPROVE QUALITY OF CARE  
IN NATION'S DIALYSIS CENTERS

**HON. FORTNEY PETE STARK**

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

*Saturday, November 8, 1997*

Mr. STARK. Mr. Speaker, I am today including in the CONGRESSIONAL RECORD the rough draft of a bill which represents several years of hard work within the kidney disease community on how to improve the quality of care for our Nation's nearly 250,000 kidney disease patients.

I am asking that the bill be printed in the RECORD in the closing hours of this session of the 105th Congress, so that interested parties can study the proposal over the next several months and offer suggestions and changes. I will be working on the bill over the coming months to develop a consensus on this effort to improve the quality of life of the Nation's kidney disease patients, and I hope to introduce it formally, with appropriate changes, when the second session meets in January.

Basically, the draft bill would create a continuous quality improvement [CQI] program that requires all providers treating end-stage renal disease patients under Medicare to provide data on the outcomes and quality of life of their patients, and to seek to improve that quality.

Those who achieve outstanding quality outcomes will be recognized for their special contributions. Those who fail to meet agreed-upon quality standards will be counseled and worked with to improve. Patients in most communities where there is more than one dialysis provider will be empowered to switch to centers which provide the better outcomes and quality. All the care givers, including the doctors, will be part of the new effort of measurement and improvement.

The result should be improved mortality and morbidity rates, improved energy levels, improved rates of return to work, and of transplantation.

Mr. Speaker, for over 23 years Medicare has been paying for the catastrophic expenses of treating end-stage renal disease, through three times a week life-giving dialysis, through transplantation, and through all the extra hospitalizations, tests, and pharmaceuticals needed by these citizens. The cost per patient per year is, counting everything, estimated between \$50,000 and \$60,000.

The program has been a tremendous success. It has saved enormous numbers of lives and in many cases provided a good quality of life for decades in which people have continued to contribute to their communities and loved ones.

Yet, after 23 years experience, we can and should do better. There are enormous differences between dialysis centers. After adjusting for every imaginable factor, scholars continue to find that some dialysis centers have death rates much higher than the average. To be blunt, some dialysis centers should

be avoided as dangerous to one's health. Some dialysis centers seldom or never refer patients—on whom they make some money—to transplantation so that they will never again need dialysis. Some centers' patients spend many more days per year in the hospital than the "best practice" centers. Some centers are able to get their patients back to work; in others, a lifetime of disability and welfare becomes the norm. And as the GAO reported to Congress on September 26, the number of appropriate lab tests given to ESRD patients vary enormously among centers, raising questions of quality and of fraud and abuse.

With Medicare—not total—expenditures on ESRD patients likely to be about \$9 billion in the coming year, we need to do better. We need to reduce the hospitalization rates and the unexplained death rates. We need to increase the opportunities for transplantation and for the return to work and a full range of normal activities. The draft bill would—I believe—help patients and providers work together to achieve these goals.

Finally, managed care has become a fact of life for most Americans, but most ESRD patients are not in managed care. Indeed, currently there is a prohibition on patients who reach ESRD status joining a managed care plan—although a person already in a managed care plan who reaches ESRD can stay in his or her plan. The fear has been that a managed care company could so cut access to services and quality care for these very vulnerable patients that it could lead to greatly increased patient death and illness. Until we have strong quality standards in place and know how to measure ESRD outcomes, it is dangerous to place these patients in systems designed to reduce utilization. The CQI legislation I am introducing will help ensure that for those few ESRD patients in managed care, there is a guarantee of quality. The lessons learned from this legislation will help permit the day when we could confidently entrust this population to disease management programs.

I want to thank all of the rental and patient associations who have been working with HCFA to improve quality and who have been offering suggestions for CQI legislation. In particular, I want to thank the Renal Physicians Association. This draft legislation builds on many of the ideas that are already underway in the renal community and at HCFA, and I believe it is a bill that can achieve consensus support throughout the renal community.

To repeat, I welcome additional suggestions and refinements to this proposal—and hope it is legislation that we can move forward in 1998.

TO HONOR AMERICA'S VETERANS

**HON. JAMES H. MALONEY**

OF CONNECTICUT

IN THE HOUSE OF REPRESENTATIVES

*Saturday, November 8, 1997*

Mr. MALONEY. Mr. Speaker, I rise today to honor our Nation's veterans.

When in 1958 President Eisenhower signed the bill proclaiming November 11th Veteran's Day, he called for Americans everywhere to rededicate themselves to the cause of a lasting peace. He proclaimed that day an occasion for honoring all Veterans of all wars, a group that currently includes more than 27 million Americans, over 50,000 of whom reside in